

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other "Instructor" version side)
DATE: on 7-2

Budget Bureau No. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM 59386

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Owen Mesa 25 Federal Com.

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Owen Mesa (Atoka)

SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T24S, R29E

COUNTY OR PARISH

STATE

Eddy

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Enron Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 2267, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 760' FWL

14. PERMIT NO.

30 015 25593

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3080' GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Reperf & frac treat

XX

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

4-2-91 - reperf Atoka 4 SPF 12,690' to 12,695' (5' & 20 .37" holes)

Frac Atoka with 22,000 gal Alco foam & 14,400# 20/40 mesh sand.

4-5-91 Well to sales

4-10-91 - 24 hr flowed 1661 MCFD; TP 355; CP 100; LP 672
2 BO, 6 BW.

I hereby certify that the foregoing is true and correct

SIGNED

Betty Gildon

TITLE

Regulatory Analyst

DATE

4/15/91

This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

APR 16 1991
SJS

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side